

State of Minnesota

District Court

Probate Division

County of _____

_____ Judicial District

In Re: Conservatorship of:

Court File No. _____

Name: _____

Address: _____

**Designation of Attorney/Accountant as Agent and
Acknowledgement of Electronic Report Filing By
Designated Conservator Agent**

Phone: _____

I _____ as Conservator in the above captioned matter, do hereby designate
_____ as my agent to submit any conservator reports in the above captioned
matter electronically as required. I understand this does not limit my responsibilities or liability as conservator in
any way and should this agent relationship change, it is my responsibility to notify the court in writing.

Dated: _____, 20____

Sworn/affirmed before me this
_____ day of _____, 20____

Notary Public \ Deputy Court Administrator
[Stamp or Seal]

Signature of Conservator

Name (print): _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-Mail: _____

**Acknowledgement of Electronic Report Filing By
Designated Attorney/Accountant as Conservator Agent**

By submitting this Acknowledgement, the undersigned designated conservator agent agrees to abide by all
Court rules, orders, policies and procedures governing the use of the electronic report filing system. The
designated conservator agent agrees to protect the security of the designated conservator agent's username and
password and immediately notify the Court if the password has been compromised. The designated conservator
agent agrees that each electronically filed report or other document is deemed to have been signed by the agent on
behalf of the conservator and that the conservator has reviewed and authorized the filing.

The undersigned designated conservator agent further certifies that the designated conservator agent has
completed all required training.

BY DESIGNATED CONSERVATOR AGENT:

Dated: _____, 20____

Sworn/affirmed before me this
_____ day of _____, 20____

Notary Public \ Deputy Court Administrator

[Stamp or Seal]

Firm Name: _____

Signature of Designated Conservator Agent

Name (print): _____

Professional Lic/ID # _____

Address: _____

City/State/Zip: _____

Telephone: _____

E-Mail: _____

COMPLETE THIS FORM AND RETURN IT TO THE COURT

FOR COURT USE ONLY

☐ New Conservatorship **-OR-**

☐ Inventory Balance or Ending Balance of Last Filed Account (Personal Property figure ONLY):

\$ _____

Verified by: _____